

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

THURSDAY, NOVEMBER 21, 2019 – 6:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Adkins, Sarcia	X		Hutton, Kenya	X	
Askins, Sylvester (New Appointee)		X	Keita, Ramatoulaye	X	
Blocker, Lakisa		X	Kharfen, Michael (DOH)	X	
Camara, Farima	X		Massie, Jenne'	X	
Carney, Misty	X		McBride, Dennis	X	
Cauthen, Melvin	X		McClain, Lenora		X
Coker, Sharon	X		Mekonnen, Betelhem	X	
Cooper-Smith, Marjorie (DBH)		X	Morse, Kaleef	X	
Copley, Mackenzie	X		Murdaugh, Henry (New Appointee)	X	
Corbett, Wallace	X		Padmore, Gerald		X
Cox, Derrick		X	Rakhmanina, Natella	X	
Dean, Traci	X		Rhodes, Stefanie		X
DeMartino, Peter	X		Sain, Philip (New Appointee)	X	
Fogal, Doug		X	Shaw-Richardson, Re'ginald		X
Fonseca, Julio		X	Shazor, Charles		X
Ford, Jasmine		X	Torre, Andrew	X	
Forman, Lynn	X		Uyouko, Haris	X	
Gomez, Ana		X	Wallis, Jane	X	
Hickson, DeMarc		X	Washington, Antonio	X	
Holley, Nathaniel	X		Yocum, Ashley (New Appointee)	X	
Hughes, David	X		Zoerkler, Jennifer	X	
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Barnes, Clover	X		Bailey, Patrice	X	
Varga, Leah	X		Clark, Lamont	X	
HIGHLIGHTS					

AGENDA	
Item	Discussion
Call to Order	The meeting was called to order by Jennifer Z. at 6:14 pm. She asked for a moment of silence then asked everyone to introduce themselves for the record.
Review and Approval of the Agenda	Nathaniel B. motioned to approve the November 21, 2019 Meeting Agenda. Jenne M. seconded the motion. The motion was unanimously approved.
Review and Approval of the Minutes	Jenne M. motioned to approve the Meeting Minutes from October 24, 2019. Sharon C. seconded the motion. The motion was unanimously approved.
Ryan White HIV/AIDS Program (RWHAP) – Financial Oversight Reports	<p>Clover B. provided the Recipient Report.</p> <p>For Part A and Part A MAI in September 2019, (28) of (39) invoices have been received. Part A expenditures are 51% and should be 58%. Part A MAI expenditures are 49% and should be 58%. UBC expenditures are 91% and should be 58%. Clover noted that the reason that the costs appear to be so high is because the Purchase Orders (PO) were only loaded for the first part of the Fiscal Year. The POs for the second half of the year have been loaded into the system and this will be reflected on the October report where UBC spending will look as if it has decreased, but in actuality it is where it should be based on spending. She also noted that Substance Abuse/Outpatient is underspent because there is a lot of Substance Abuse money in DC and since Ryan White is the payer of last resort, this money can't be spent until other sources have run out.</p> <p>HRSA Site Visit. HRSA still has not provided the report for the Part A visit. HAHSTA just received the Part B visit report yesterday.</p> <p>Reprogramming Request</p> <p>The Recipient requests \$1,781,682 be reprogrammed to EFA (\$774,000), Home and Community Based Services (\$75,000) and Outpatient Ambulatory Health Services (\$564,682); the MAI funds will be offered to Maryland MAI providers and an additional provider may be added. \$913,516 are unallocated funds from the Regional EIS Awards. \$868,166 (\$500,166 are regular Part A funds, \$368,000 are MAI funds) are unallocated Maryland funds from the provider whose grant agreement was terminated due to inability to meet the rules and regulations of Ryan White funding.</p> <p>Kaleef M. motioned to accept the request. Jenne seconded the motion. The General Body voted 19 –Yes, 0 – No , 0 – Abstain. Motion Passed.</p>
Standing Committee	Research and Evaluation Committee (REC) – Leah V. reported. They continue to work on unmet needs consumer survey (Needs Assessment). They

<p>Updates</p>	<p>plan to submit a draft to the DC Internal Review Board shortly and they plan to roll out the survey as soon as possible.</p> <p>Integrated Strategies Committee (ISC) – Kaleef M. reported. The ISC reviewed the U=U and Trauma Informed Care position papers with George Washington University. Copies of the draft were passed around to the General Body. They also decided that another position paper should be created around Immigrants and the Services they receive. Kaleef noted that although the body has been creating service standards, HRSA suggested that this should not be the case. Once the HRSA report comes out they will have a better idea of what they should do in regard to service standards.</p> <p>Community Engagement and Education Committee (CEEC) – Jenne M. reported. CEEC moved the Listening Sessions to the Spring of 2020 which will give them an appropriate amount of time to plan and advertise.</p> <p>Comprehensive Planning Committee (CPC) – Mackenzie C. reported. The committee met and reviewed financial reports. They also will begin to plan for PSRA 2020.</p>
<p>CDC PS19-1906 “Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the US”</p>	<p>Leah Varga, PhD, HIV Services Planner, DC Health/HAHSTA gave a presentation on the Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the US, otherwise known as CDC PS 19-1906. She noted that HAHSTA applied for the grant, which they received, and it is funding to be used to update DC’s 90-90-90-50 plan. She stated that it will be a “rapid planning process” which means they will have a short time in order to engage with local planning bodies, local service providers, and other local partners.</p> <p>Since COHAH is already doing some planning and community engagement activities, Leah noted that there are a few options that could be done including using existing COHAH committees to help inform the updated plan or a new committee could be formed to help update the plan. She noted that in the work plan it was proposed that there would be 7 participants in the workgroup. Jenne said that these activities aligned with what CEEC was planning to do and they would be willing to assist with the planning.</p> <p>Leah noted that HAHSTA plans to have the report completed by June 2020. Michael K. noted that HAHSTA also plans to do a lot of community engagement post-updating of the plan.</p>
<p>Development of Responsive Health Department HIV Data to Action Strategies through Community Engagement</p>	<p>Brittani Saafir-Callaway, PhD, MPH, Core Surveillance Branch Chief, DC Health/HAHSTA and Adam Allston, PhD, MPH, MSW, Chief Epidemiologist, DC Health/HAHSTA gave a presentation on Development of Responsive Health Department HIV Data to Action Strategies through Community Engagement. Brittani noted that the last time the team came they spoke on Molecular Surveillance because they were in the planning phases of that program. They are now funded to do more Data to Care activities, not just Molecular Surveillance.</p>

The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

	After the presentation they distributed a questionnaire that would assist them in getting feedback on any concerns about the project as it was presented to them.
ANNOUNCEMENTS/OTHER DISCUSSION	
HANDOUTS	
Agenda dated November 21, 2019 Minutes dated October 24, 2019 Combined Jurisdictional/Recipient Narrative Reports 2019 COHAH Meeting Calendar U=U Position Paper (updated) Trauma Informed Approached Position Paper (updated) Reprogramming Motion Form	

MEETING ADJOURNED	8:01 PM
NEXT MEETING	December 19, 2019

I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:	
<hr/> Signature of: Date: Kaleef Stanton Morse, MHS Government Co-Chair	
Date the Minutes were approved by the Planning Commission:	